

**Victimology, Victim Assistance
and Criminal Justice**

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Spiritually-based Therapy with Recovering Victims: Challenges and Opportunities

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After several months of therapy, Esther appeared to be different. The most obvious change was the fact that she could look at me straightforwardly. Before, when the conversation dealt with unpleasant issues, her eyes ran away; but not anymore. After a long struggle, she could keep them looking into my face. When we spoke about this change, she described two films about rape that she had recently watched. In the first, the young heroine was cruelly raped but ended the film with a brave statement – "I want to be happy!" In the second, the heroin was also cruelly raped, but went into violent revenge. Esther confessed that she was trapped in-between these two options – the resentful wish for violent revenge and the wish to get free of this burden and to go on with her life. Different than before, when she attempted to avoid any such decision, she finally made one – no more she wanted the weight of resentment. She chose to resume her life and to look for happiness.

Therapy for victims of crime presents marked challenges for the recovering victims and for the therapist. On the one hand, the victimization pulls recovering victims back to the past and into avoidance tactics. Furthermore, the enormous force of victimization also may pull the therapist in this direction. On the other hand, recovery opens new opportunities for recovering victims. The journey of recovery takes both the recovering victim and the therapist into unexpected realms.

Spirituality, as a way of life, is represented in most everyday activities and relationships (Pargament 2007; Wolman 2001). As such, it presents marked challenges for anyone who wishes to adapt one's life accordingly (Kalo 1981). It brings about moral values and personal commitments that may challenge most individuals. The enormous forces of worldly temptations and everyday routine may pull its follower back into non-spiritual way of living. At the same time, it opens new and unpredicted possibilities (Kass & Lenox 2005). When therapy attempts

to introduce spiritual principles into recovery of victims (Brende 1995; Ronel 2008a), the challenges seem to be multiplied. Nevertheless the opened opportunities are broadened as well. In the current chapter I will draw some lines for spiritually-based, restorative therapy with recovering victims. It is a 12-Step based model (Kurtz 1988; Kurtz & Ketcham 1992) which I call *Grace Therapy*, based on the impression of grace that those on recovery may experience.

Until recently, mainstream social sciences mostly ignored spirituality (Slife et al. 1999), albeit its marked central role in human history, culture and experience. This tendency has been changed and during the last decade there is a growing body of spiritual oriented social science literature (Aponte 1998; Giacalone & Jurkiewicz 2003; Miller 1998, 2005). The introduction of a spiritual based intervention is but a natural step (Richards & Bergin 1997).

The 12-step program, originally created in 1935 by two recovering alcoholics on the basis of their personal experience (Alcoholics-Anonymous 1976), was adapted afterwards by other self-help organizations to meet various behavioral problems. Similarly, it was adapted and applied as a professional model of intervention (Ronel 2000). This model is widely disseminated in the addiction field (e.g. Van Wormer & Davis 2003; White 1998); however it can be applied in other problem areas. For example, *Grace Therapy* is adapted as a professional restorative practice for male batterers (Ronel & Claridge 1999). In this chapter I will describe: 1) its adaptation into victimology as a way to understand the victimization process; and 2) its application in victim assistance as a model for therapy that attempts to meet the needs of victims as they experienced these needs (Ben-David 2000). The current chapter further broadens a former description of these issues (Ronel 2008a).

1. Becoming a Victim

Clinical experience shows time and again that victimization is a subjective process where one becomes victimized. The origin of this process is usually the wrongdoing itself. Whatever was the situation of the individual before being victimized, the harm inflicted upon this individual during the offensive event has the potential to become a milestone in one's

life narrative. Therefore, it is possible to assert that the source of the victimization lies within an external agent, that is, within the offender that forces the primary harm upon the victim by the wrongdoing.

A basic assumption is that an external harm is always forced upon individuals. No one decides to be harmed, unless it is a way to avoid another non-chosen harm that is perceived to be more threatening. To illustrate, Esther, the young woman from the opening case study, never chose to be raped, but it happened on several different occasions. None of these unfortunate events was her choice or her wish. On the contrary, she, like others, would be better off without these bad experiences.

Although the initial harm is forced upon individuals, the resultant victimization is not a deterministic outcome of this forced harm, but becoming a victim is a personal experience, an experience of the self. This experience is subjectively related to the way one perceived the harmful event and the turning of life afterwards (Ronel et al. in press). The perception of the harmful event and the turning of life afterwards are influenced by the self and influence its formation as well. It is a mutual process where an individual's way of being in the world affect the way this individual perceives the harmful event and her/his corresponding reaction, and this perception and reaction further shape the individual's way of being in the world. Based on one's perception, emotional reaction and behavior, a victimization process may begin, during which there is a formation of a victimized self. A victimized self is a way of being in the world that is marked by the victimization process. The victimization may become a self-perceived "master status" of the individual, as though these are the lens through which the individual perceives oneself and the world. Almost everything that an individual experiences after the formation of the victimized self is reflected through the victimization. The more an individual identifies with the victimized self, the more this identification takes over the life of this individual. When this process happens, it may go through generalization of the victimization up to the point where the connection to the original event is loose. To illustrate, Tamar, a young woman who unfortunately experienced a car accident where she was severely wounded, became victimized afterward to the point that her self was in a constant existential threat. Consequently, she was unable to go by busses, out of the fear of terrorist suicide bombers, although it was a period with almost no such attacks.

The only connection between this extreme avoidance reaction and the original harm was the threat of her victimized self that had been initiated by the car accident and was generalized afterwards.

The formation of the victimized self, as described, may be a result of a conscious reaction. However it may be a result of a course of action that is hidden from the individual's consciousness. Individuals may deny being a victim although their selves may be marked by this victimization. They may go through the same process while attempting to deny it altogether. For example, Dalia, a woman who was sexually abused by her father since early childhood and up to late adolescence, initially described it during therapy as if she had chosen the relationship. She attempted to perceive her marked horrid experience as a voluntary one, as though she wanted to have sex with her father when she was but a small child. But looking carefully at the different pieces that constructed the puzzle of her life, we could trace the mark of victimization in almost any piece. One may assume that a stepping-stone in her recovery path was the conscious recognition that she was a victim of sexual abuse and her ability to express anger towards her father (Winkel 2007), "That maniac!" as she would express it. However, as we will later see, this anger is but a step and not an ending goal of the recovery.

2. Powerlessness over the Victimization

As asserted above, any victimization is forced upon the individual. Therefore, any victimization contains an experience of powerlessness. Powerlessness is a state when an individual is forced upon an undesirable way of action regardless of one's wishes, declarations or attempts. During the powerlessness state, powerlessness controls whatever the person experience and does, as in the case with alcoholics, when their powerlessness over alcohol leads them time and again to its abuse, sometimes despite their declared wishes and promises (Alcoholics Anonymous 1976). With some resemblance, individuals are powerless over their victimization, and this powerlessness characterizes the victimization process. We may define two stages during the construction of the powerlessness experience: (a) primary powerlessness over the wounding event(s) itself, because in most cases this unpleasant event was caused by an external "objective force" and the individual could not avoid it;

(b) a secondary powerlessness over the influence of victimization on life afterwards. The secondary powerlessness is over the consequences of the process of becoming a victim. To clarify this distinction – while the primary powerlessness is over something that was objectively forced upon an individual; the secondary powerlessness is over the subjective formation of the victimized self and the following reactions of that person.

This distinction plays a major role during intervention. To illustrate, David is a 30 years old married man who was group raped as an adolescent during a period of three months. Since then he constantly re-attempts to control the rape situations by almost alive fantasies of that occasions, but in vain. While his powerlessness over the rape was primary, his attempts to solve it in his fantasies were a major constituent of his secondary victimization. In this case, the distinction was a starting point for recovery. It is self-evident that the secondary powerlessness stands in the center of intervention, as the initial powerlessness lies deep in the past that can't be changed. Paradoxically, the very nature of the secondary powerlessness is that it typically urges the individual to mostly focus on the primary powerlessness and to be caught by the injurious past event, rather than to try to solve the secondary one that is still present. An initial challenge of therapy is to modify this focus correspondingly. Likewise, my discussion here will focus mainly on this secondary powerlessness, from which an individual may recover.

To further understand the secondary powerlessness of individuals over victimization, we may borrow from the experience gained in the addiction field. I am by no means saying here that victimization is an addictive process, but rather that we may borrow knowledge from one field to another. Since *Grace Therapy*, the model of therapy that I here describe, was originated in the addiction field before transformed into other fields of intervention (Ronel & Claridge 2003), some insights from this field can be translated into the language of victimology and victims assistance. Accordingly, analogous to the addiction process (Ronel 2000) we may illustrate three levels of the secondary powerlessness: (a) behavioral; (b) mental; (c) spiritual.

The behavioral powerlessness over the victimization is a visible one and it relates to the behaviors that represent the victimization process. Individuals who display secondary powerlessness over their victimization may feel as though they are ensnared in circular processes: they

are driven to initiate a behavior typical to their victimization and are unable to stop it despite the known negative results. It is a behavioral spin - behavior may lead into more of itself, regardless of the declared intention of the person involved (Ronel in press). For instance, many times the victimized self presents a behavior intended to please others. Many recovering victims describe their tendency to please others by certain behaviors. Esther, to continue the above example, used to offer "personal services" to her fellows, e.g. to regularly serve coffee to her mates in her office. She described it as being forced to serve this coffee, almost whenever a person around would show a desire for it. It became habitually that she prepares the coffee, does the dishes afterwards and suggests more such services as well. As a result she felt under a growing burden, exploited, unauthentic and even a loser. Usually, recovery begins in this level by an attempt to abstain from the typical behavior, parallel to the alcoholic's uncompromising requirement to abstain from any alcohol (Van Wormer & Davis 2003). Likewise, Esther began her recovery journey with an abstinence from pleasing behaviors. This experience, which time and again raised an inner confrontation with the old habit, also aroused in her a sense of success and explored hidden abilities, that is, the ability to say "no!" Likewise, a young woman derives the task of abstinence from behaviors that may harm her, like burning her own flesh with cigarettes, cutting herself and so forth. These behaviors are also typical to individuals during their secondary powerlessness, as a wrong method to escape from their inner suffering. Abstaining from such behaviors brings about an inner struggle that belongs to the mental level of the powerlessness.

The mental level of the secondary powerlessness over the victimization lies "underneath" the visible, behavioral one. Here we find the mental (emotional and cognitive) processes that correspond to the victimization experience, such as guilt, shame, fear, negative thinking, low self-image, sense of dissociation, an attitude of avoidance and more. An individual combination of such processes pushes the person into one's typical behaviors of powerlessness. For example, Roni, a young woman who was sexually abused as a child and who also suffered from emotional neglect by her parents, experienced a constant need to receive any kind of acknowledgement from her social surrounding. Consequently, she found herself time and again having sex with a wrong partner that she wouldn't choose, but because of her forced urge to receive any human

warmness. Her experience revealed more and more that this trade-off of her body for supposed affection was never satisfying, but on the contrary, it left her with a stronger distress and even self-hate. Nevertheless she couldn't avoid it, as the mental level of her powerlessness drove her time and again to the same behavioral track, that is, to search for acknowledgement by intimacy with a wrong man. Whenever she was caught in this behavior, she couldn't stop it.

A major characteristic of *Grace Therapy* is the inclusion of the spiritual level in recovery. This inclusion begins with awareness of the spiritual level in the human experience in general, and specifically within the secondary powerlessness over the victimization process. The spiritual level is considered as the phenomenological root of the powerlessness, namely, it is not necessarily a cause, but it lies at the bottom layer of the powerlessness experience. In this layer, we find a process of self-centeredness, a process by which the person's major concerns are directed toward oneself. *Grace Therapy*, following the 12-Step model, perceives self-centeredness to be a common root for most behavioral and emotional disorders, that is, it can be traced in almost any such a disorder (Ronel 2000). Although it is typical to most humans, during the state of powerlessness one's attention is turned toward oneself more intensively and extensively, to the degree of masking other experiences. Roni, for example, whom I described above, was mostly occupied by her emotional need for social acceptance, to the point of masking her ability to live creatively in the world. David, who was also mentioned above, perceived the whole world through "the lens" of his own victimization. Everything was seen as relating to his own pain and continuing suffering, thus limiting his ability to see the world as it is and to fully participate in it. A growing self-centeredness disrupts one's faith, will and ability to love. Since it is considered as the root of the powerlessness, *Grace Therapy* directs recovery in this level.

3. Grace Therapy in Action

A major characteristic of AA and the Step program is its marked pragmatism (Rehm 1993) which is expressed by an emphasis on acting rather than on analyzing (Alcoholics-Anonymous 1975). The transformation of self within the three levels (behavioral, mental, spiritual) is

achieved through practicing, rather than by understanding. *Grace Therapy* follows a similar principle: it provides recovering victims with pragmatic suggestions in an attempt to challenge the everyday manifestations of the three-leveled secondary powerlessness. As such, it represents a form of intervention that is task oriented, a task therapy (Miller 2007), rather than an insight therapy, which usually seeks to arouse in the clients a therapeutic insight. Any insight in the task-oriented *Grace Therapy* is gained during actual practicing of its suggestions. As already described, it usually begins with recognition of a certain behavior or a set of behaviors over which the recovering victim feels powerless. Thereafter comes a decision and actual attempt to abstain from these behaviors.

Sometimes, when due to the powerlessness a person avoids acting in a desirable and creative way, abstinence from this powerlessness means acting, despite the initial urge to avoid such an action. For example, Danny, a 22 year old man, who experienced marked emotional neglect and minor physical abuse by his mother during childhood, was in a semi-depressed situation where he avoided going out of his house (and almost avoided getting out of bed). Therefore, he was suggested a strict regime that forced him out of bed and home in a reasonable hour, regardless his emotional state and his heavy tiredness. Following that, he was back in the "circle of life", where he gradually found a proper job, got a girl friend and actually resumed life.

In any case, the pragmatism is manifested here by the emphasis on the effort to abstain from certain behaviors (including avoidance behaviors), instead of analyzing their origins. In accord with the everyday wisdom of AA and the following self-help groups (NA, OA and so forth) (White 1998), my clinical experience has shown that this abstinence is never behavioral only, but it initiates deeper processes of self-transformation that include a growing awareness to the various manifestations of the secondary powerlessness when they are active, an improvement in self-image and self-efficacy, an installation of hope, an ability to go beyond self-centeredness and so forth.

In addition to the need for abstinence, *Grace Therapy* provides the recovering victims with several pragmatic "tools of recovery". The first tool, which serves as a leading principle of any component of this model, is expressed by the well-known Serenity Prayer: "God grant us the serenity

to accept the things we cannot change, courage to change the things we can, and wisdom to know the difference" (Alcoholics Anonymous 1957, 196). This prayer serves both as a spiritual practice - a prayer - and as a mental tool that directs mental practices. Through different stages of recovery, individuals gradually learn to distinguish between what it is impossible for them to change (e.g. the primary powerlessness - the painful past event) and what it is within their ability (e.g. their reaction towards their past - the secondary powerlessness). Usually, the less people can change - the more they would love to, but the more people can change, the less they would dare to. Typically, people are trapped in their everlasting attempt to change others, but less inclined to self-transformation. However the very entrance into therapy and recovery process by any method or model signals an initial shift in this issue.

Talia, a woman who was emotionally severely abused by her husband, may exemplify the self-change. At the beginning, she was trapped in ineffective attempts to change her husband behavior and attitude towards her. Frequently she tried to avoid any conflict with him by pleasing him and telling him lies to satisfy his demands. As expected, the harder she tried to please him, more conflicts she met, but felt unable to stop. As she confessed, she feared changing her own behavior and attitude, thus she was in constant focus on his. The Serenity Prayer connects serenity to acceptance. Accepting the fact that her husband was a violent man who emotionally abused her, Talia was unexpectedly calmed. She was relieved of the almost constant need to be on guard and to attempt to control her husband's behavior. It gave a sound explanation to her suffering and opened possible actions, those of self-change. Her psychological energy could be positively directed. With this new hope, Talia decided to abstain from any lies, including those that seemed to bring domestic peace. This decision further calmed her, because lying was against her value system and caused her a sense of unauthentic and humiliation. However, as she still feared direct confrontation with her husband, she needed a constant support, and the Serenity Prayer served as such. Whenever she was in a situation of potential confrontation with him, Talia began to rehearse its sentences, although she was a declared atheist those days. Usually the constant rehearsing has the power to redirect cognitive process, and in Talia's experience it moved her thoughts from fearful to accepting and hopeful ones.

From the above example we can indicate *acceptance* as another key tool that *Grace Therapy* offers. During clinical sessions this term is raised as central to the recovery process. The secondary powerlessness over victimization contains a two-folded lack of acceptance: lack of accepting the responsibility for the wrongdoing of the victimizer person and lack of self-acceptance. These two impact each other – the more a victim minimizes the responsibility of the wrongdoer, the more this person tend for self-blaming that increases the diminution of responsibility of the offender. A typical consequence is that of self-negation where a powerless victim negates any positive perception of oneself, but rehearses negative ones. Paradoxically, this person may blame oneself for any bad experience, but hold to self-perception of being weak, passive and incapable of accomplishing desirable tasks. For instance, Dalia, the above-mentioned woman who was sexually abused by her father since early childhood, denied his responsibility but blamed herself for his behavior. As said, her recovery passed through the recognition that her father raped her. Accepting her powerlessness over his behavior and his responsibility for it relieved her sense of guilt. As may be deduced, acceptance indicates a new direction. Acceptance begins with the fact that there was a primary powerlessness that this person could not avoid, and others initiated it.

A striking example for the power of acceptance is that of David, the above-described man who was grouped raped. As said, David attempted to control this primary powerlessness by moving back into fantasies of the painful events that happened many years before. However he had no control even over these fantasies, which were mostly experienced as sensual flashbacks. David almost constantly sensed being touched as though it was when raped. When these flashbacks were active, he attempted to lead them by his will, in order to control the imagined situation. But the flashbacks themselves belonged to the secondary powerlessness and were out of his control. They appeared without his intention, and in a growing frequency. He experienced it as a constant noise in his consciousness. The harder he tried to avoid it, the stronger or more frequent it appeared. When he tried to accept these flashbacks but to ignore them, there was a short and temporal relief. Then we tried another direction of acceptance, a more active one. During sessions, I asked David to describe any flashback when it appears. It was new for him, since he had never loudly spoken them. Loudly admitting every

flashback with no attempt to reduce or control it denoted an enforced and full acceptance of it, which was also new for him. David did as suggested. Time and again this description interrupted the natural flow of our conversation. Supplementary, David was suggested to practice it at home, and chose to do it with a friend, a woman who is a survivor of incest. After several weeks the designed paradox was fulfilled and there was a significant reduction in the amount and power of the flashbacks. Few weeks more of practice and they disappeared altogether. The relief of David was indescribable. With this experience in mind, his recovery journey matured.

Acceptance may direct abstinence. A typical one is an abstinence from self-negation. Whenever the person falls back into self-negation thinking, the advice is to re-direct it into the Serenity Prayer, as described. It is a struggle for recovery - acceptance is an active voice, which opposes the marked submissiveness that many victims present. It helps the recovering victims to face reality with gradual emotional relief and sense of self-strength. While the submissiveness of victims may be experienced as meaningless, deterministic burden with sense of separation and loneliness, the active acceptance opens a path towards meaningful experience of free choice and sense of connectedness and wholeness. As we can see, acceptance has the potential to paradoxically show recovering victims the way out of their powerlessness and to resume their strength.

Another tool that supports self-struggle is writing a guided diary. Following the practice held in various Anonymous self-help groups, *Grace Therapy* offers victims in recovery to daily contemplate on guided issues and to write down the results. For example, a person may write down whenever during the day there was an urge for self-harm but abstinence from it was successful, and on the contrary, whenever this urge took over with a subsequent undesirable behavior. Such a daily writing forces a constant practice of recovery and it brings about an ability to choose whether or not to follow a noxious route.

A central, leading principle of *Grace Therapy* is its declared spirituality. *Grace Therapy* constitutes a faith-based, non-religious but spiritual model of self-struggle and transformation. All the above examples represent courageous struggles for self-transformation with certain degree of success. A major aim in recovery is to support the struggling victims in

the direction of gaining meaningful spiritual life that is related to a Higher Power, as one understands this power. Victimization is an experience of separation, of loneliness. There is a sense of being left alone in the face of an unfortunate fate. Spirituality provides a way out of this experience. Without analyzing the past and what caused the harm, spirituality suggests a growing awareness to the existence of a positive, higher power, of the Supreme that accompany the recovering victim through everyday struggle. Some recovering victims do not follow or even resist this opportunity. Although they may go through a marked change, it is somehow limited by the exclusion of the spiritual potential. However, many victims on recovery have chosen spirituality as a way of struggle and life. As such, spirituality widens the possibilities of recovery. It may even meet the known sense of loneliness, without falling back into dependence on other human fellows. On the contrary, spirituality brings a growing experience of independence. Thus it well challenges the burden of the secondary powerlessness. To accomplish it, *Grace Therapy* suggests spirituality not as an abstract notion, but as a pragmatic guided journey. Every recovering victim can join this journey regardless of the initial belief, faith or attitude. Faith is not a request but a possible result of recovery (Ronel 2000).

The focus on the spiritual brings about an attempt to go beyond emotional obstructions that are typical and crucial elements of the victimization process, in a search for an inner relief and peace. Two of these are resentment and fear, and they will be further discussed here.

It is natural that harms inflicted upon individuals cause anger towards the harming person. However, when the event is over, in most cases the anger is still alive and may even grow stronger. This current rage over past event(s) is resentment (Anonymous 1991). Although natural, resentment actually connects the suffering victims to the harming offender. By resentment, the victim emotionally relates to the offender. Thus, although the victimizing event is over, resentment keeps it alive in the victim's mind. Resentment ties the victim to the event and to the aggressor. Hence, it is an ingredient of the secondary powerlessness, with no impact of the initial one. It is an unpleasant experience that has no effect on the aggressor but harms only the resentful individual. Is it a must?

In the above, I described a case where exhibiting anger was a sign for improvement and a stepping-stone in recovery. When anger replaces the denial of responsibility of the wrongdoers, it is a natural step in recovery, even a necessary one, as some authors highlight (Milgram 2008; Winkel 2007). But staying in anger and in resentment may block the advancement of recovery, especially the spiritual one.

By learning its quality, recovering victims can understand resentment as a natural emotional reaction. But as a known AA saying asserts, "Feelings are not facts". Correspondingly, resentment is an emotion that can be eliminated. *Grace Therapy* offers recovering victims with a way out of resentment that may even lead, gradually, to forgiveness and restoration of relationship, when possible. For example, Mira, a young woman, daughter of two addicted parents who grew-up with her grandparents, was sexually abused by her uncle and emotionally abused by her grandfather. Not typically, her stronger resentment was towards her grandfather but not towards her uncle, whom she perceived to be also a victim of the same grandfather. Initially she refused to face this resentment, but during her recovery it became a crucial step. She then took a process of overcoming the resentment (unfortunately its description is beyond the scope here). After several weeks, the resentment subsided. She was able to create new relationship with her grandfather, with a marked relief. David, the man from the above examples, didn't want to lose his resentments and wishes for revenge. Following his positive progress with the flashbacks, his all mood was changed. Consequently he decided to give up his resentments. Esther, with whom I opened this chapter, also made such a decision, after a long resistance. When she chose to resume her life and to gain happiness, it was natural for her to decide upon giving up the resentment. Such a deep decision is another milestone in recovery, although the achievement of freedom from resentments requires more progress.

Similar to resentment, fear and anxiety are expected natural outcomes of victimization. During the abuse, offenders usually treat their victim as objects, which may lead to alienation of the victimized self. Usually no other person prevented the abuse; hence the victimized self experiences sense of loneliness, as said. One's powerlessness, loneliness and alienation challenge the individual's sense of control. Fear and anxiety may arise when people doubt their ability to control coming situations or

events of life. In a way, fear is an alarming emotion based on the experienced harm. But unfortunately, fear is more than just positive attention for known risks. It may expand and be generalized up to limiting the victim's life, as was the example with Tamar, the young woman who refrained from going by buses. Within the secondary powerlessness over victimization, fear and anxiety are central constituents that can rule one's life and lead into the described submissiveness. The need to liberate the victimized self from their oppressing power is understandable. How can they be removed?

Again, the pragmatism of the Serenity Prayer paves the way for this practice. Usually, conscious and intent efforts are incapable of removing the fear or the anxiety. Fear and anxiety are leading experiences of the victimized self and one is incapable of transforming them. A recovering victim is powerless over one's fear or anxiety. Therefore, an acceptance is needed – to accept the powerlessness over fear or anxiety and the possible lack of control. Fear or anxiety constitutes the subjective reality, whether one accepts it, fights it or avoids everything while waiting for the fearful emotion to be over. But acceptance opens a new option, that is, to struggle actively in life *with* these emotions and *without* the wished sense of control. Instead of helpless fight against the fear or the anxiety, and as an alternative to the passive submissiveness to their destructive paralyzation, a recovering victim learns how to be active while ignoring ones fearful emotions. During this process one acknowledges the limitation of self and its ability to control, accepts this limitation and the subsequent fear or anxiety, but consciously acts as though there is no fear or anxiety. Again paradoxically, acceptance of one's limitation brings almost an immediate relief. In addition, when one accepts the limitation of the human self, a spiritual transformation becomes a possibility and faith may be awakened (Kurtz & Ketcham 1992). Usually, the awakening of faith eliminates the "being alone" feeling and therefore supports the recovering victim in the struggle to react in spite of the fearful emotions. Gradually, these emotions are diminished until they almost dissipate.

4. Conclusion

Victimization, as it is claimed here, is a process of the self, originating in harmful event(s). This process ties the self by chains of powerlessness. The result is unauthentic and aligned life with sense of submissiveness, resentment and fear. It is an experience of separation and of suffering, sometimes with no hope. These all indicate a state of distinct self-centeredness. During recovery, the victimized self needs to go through an entire transformation that may liberate it from those chains as much as possible.

The vision of spirituality is of an independent human being, who is psychologically dependent on nothing but on the Supreme, and hence is capable of going beyond self-centeredness (Ronel 2008b). This vision contains an experience of authentic and creative life, with ability for human closeness and love, openness and forgiveness. It is an experience of unification, hope and joy of life. Apparently it stands in sharp contrast to the experience of victimization. Naturally, a spiritual journey has a potential to free a recovering victim from the burden of powerlessness. *Grace Therapy*, a spiritual, pragmatic model of victim assistance, attempts to provide it.

The above conclusion is based on the experience of victims who took this journey. In this chapter I described some of the many human struggles that I have witnessed during practice with recovering victims. Although *Grace Therapy* brought hope where it was deeply needed, it is by no mean a panacea. Similar to other models of intervention, it is limited in its ability to out-reach for suffering individuals, and failures are part of the routine practice. Who will best benefit from it and how, are questions open for a future study.